State of Arizona Department of Liquor Licenses and Control 800 W. Washington, 5th Floor Phoenix, AZ 85007 www.azliquor.gov

(602)542-5141

APPLICATION FOR SPECIAL EVENT LICENSE

Fee = \$25.00 per day for 1-10 day events only
A service fee of \$25.00 will be charged for all dishonored checks (A.R.S.§ 44-6852)

NOTE: THIS DOCUMENT MUST BE FULLY COMPLETED OR IT WILL BE RETURNED. PLEASE ALLOW 10 BUSINESS DAYS FOR APPROVAL

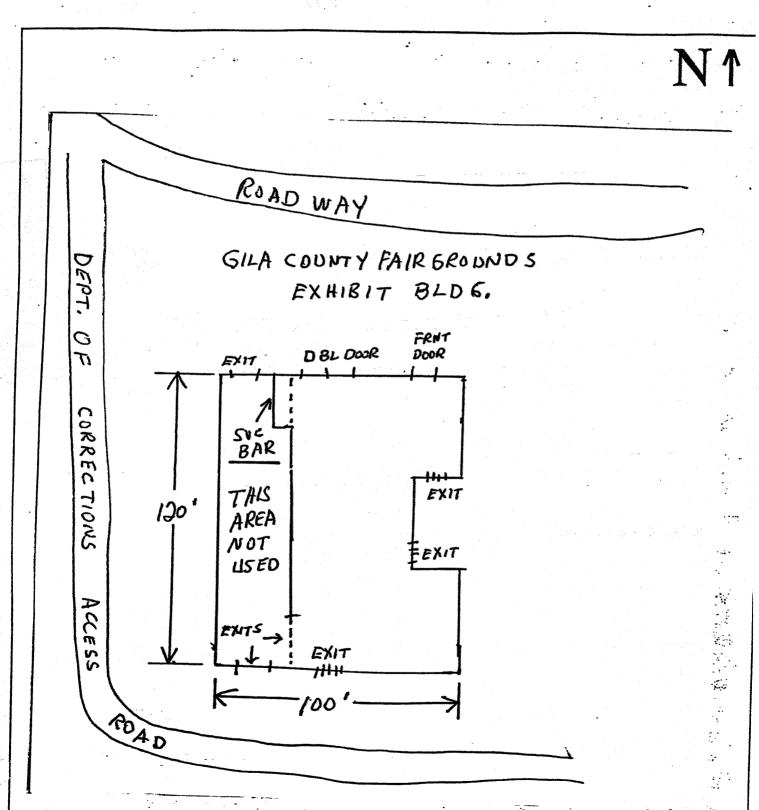
**Application must be approved by local government before submission to Department of Liquor Licenses and Control. (Section #20) 1. Name of Organization: LINS CLUB OF CLOBE AZ, NCC Non-Profit/I.R.S. Tax Exempt Number: Sol/C 4 3. The organization is a: (check one box only) Charitable Fraternal (must have regular membership and in existence for over 5 years) Civic Political Party, Ballot Measure, or Campaign Committee Religious Religious What is the purpose of this event? CILA COUNTY CPT. NRA Succession of the event: CILA COUNTY FAIRGROUNDS GLOBE GRAPH Address of physical location (Not P.O. Box) City County Zip 8 Applicant must be a member of the qualifying organization and authorized by an Officer, Director or Chairperson the Organization named in Question #1. (Signature required in section #18) Applicant: ANDERSON DONNA L. 3-6-33 Last First Middle Date of Birth Tax State Zip State Zip Street City State Zip Applicant's Mailing Address: P.O. BOX P.O. BOX Applicant's Business # Applicant's Home # Date(s) & Hours of Event: (Remember: you cannot sell alcohol before 10:00 a.m. on Sunday)
2. Non-Profit/I.R.S. Tax Exempt Number: 50 / C / 4 3. The organization is a: (check one box only) Charitable
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state of the
Date Day of Week Hours from A.M./P.M. To A.M./P.M.
Day 1: MAY 14, 2011 SATURDAY 4:00 PM. 11:00 P.
Day 2:
Day 3:
Day 4:
Day 5:
Day 6:
Day 7:
Day 8:
Day 9:
Day 10: *Disabled individuals requiring special accommodations, please call (602) 542-9027

YES NO (attach ex	ense revoked? planation if yes)		
11. This organization has been issued a special event license for days this year, (not to exceed	including this event d 10 days per year).		
12. Is the organization using the services of a promoter or other person to manage the event? YES NO If yes, attach a copy of the agreement.			
 List all people and organizations who will receive the proceeds. Account for 100% of THE ORGANIZATION APPLYING MUST RECEIVE 25% OF THE GROSS REVENUE EVENT LIQUOR SALES. 	the proceeds. JES OF THE SPECIAL		
Name GLOBE LIONS CLUB	100%		
Address	Percentage		
Name			
Address	Percentage		
(Attach additional sheet if necessary)			
14. Knowledge of Arizona State Liquor Laws Title 4 is important to prevent liquor law viol any questions regarding the law or this application, please contact the Arizona State Licenses and Control for assistance. NOTE: ALL ALCOHOLIC BEVERAGE SALES MUST BE FOR CONSUMPTION AT THE "NO ALCOHOLIC BEVERAGES SHALL LEAVE SPECIAL EVENT PR	Department of Liquor EVENT SITE ONLY. EMISES."		
15. What security and control measures will you take to prevent violations of state liquor la (List type and number of security/police personnel and type of fencing or control barrie	iws at this event? rs if applicable)		
<pre> # Police</pre>			
# Security personnel Barriers			
- INSIDE BULLDING			
16. Is there an existing liquor license at the location where the special event is being held? If yes, does the existing business agree to suspend their liquor license during the time period, and in the area in which the special event license will be in use?	☐ YES ☑ NO		
(ATTACH COPY OF AGREEMENT)			
Name of Business (Phono Number		
7. Your licensed premises is that area in which was area in which	Phone Number		
7. Your licensed premises is that area in which you are authorized to sell, dispense, or supplier the provisions of your license. The following	serve spirituous liquors		

17. Your licensed premises is that area in which you are authorized to sell, dispense, or serve spirituous liquors under the provisions of your license. The following page is to be used to prepare a diagram of your special event licensed premises. Please show dimensions, serving areas, fencing, barricades or other control measures and security positions.

SPECIAL EVENT LICENSED PREMISES DIAGRAM (This diagram <u>must</u> be completed with this application)

Special Event Diagram: (show dimensions, serving areas, and label type of enclosure and security positions) NOTE: Show nearest cross streets, highway, or road if location doesn't have an address.



THIS SECTION TO BE COMPLETED ONLY	BY AN OFFICER, DIRECTOR OR CHAIRPERSON OF THE
ORGANIZATIO	ON NAMED IN QUESTION #1
18. L. DONNA LOUISE ANDERSON	declare that I am an Officer/Director/Chairperson appointing the
applicant listed in Question 6, to apply on behalf of the fo	oregoing organization for a Special Event Liquor License.
Louna Louise A James	SECOFFOR
(Signature	SECRETARY (928) 425-2753 (Phone #)
OFFICIAL SEAL JENNIFER LYNN LaBRIE State of	(Phone #)
NOTARY PUBLIC - STATE OF ARIZONA No. 286587 - GILA COUNTY	The foregoing instrument was acknowledged before me this
My Comm. Expires March 14, 2012	G Closed 3011
y Commission expires on: March 14, 2	pay Month Year
(Date)	(Signature of NOTARY PUBLIC)
THIS SECTION TO BE COMPLETED ON	LY BY THE APPLICANT NAMED IN QUESTION #6
LDONNA LOUISE ANDERSON	
(Print full name)	declare that I am the APPLICANT filing this application as
in Question 6. I have read the application and	the contents and all statements are true, correct and complete. The forecoing details and all statements are true, correct and complete.
(Signature)	The foregoing instrument was acknowledged before me this
	Copiel 2011 Z
commission expires on Leach 14, 201	Day Month Year
(Date)	Signature of NOTARY PUBLIC)
u must obtain local government approval. Cit.	
e local governing body may require additiona	y or County MUST recommend event and complete item #20. al applications to be completed and submitted 60 days
advance of the event. Additional licensing feet	s may also be required before approval may be granted.
	BODY APPROVAL SECTION
l.	BODT APPROVAL SECTION
(Government Official)	(Title) hereby recommend this special event application
n behalf of	(Title)
(City, Town or County)	(Signature of OFFICIAL) (Date)
FOR DUIC DEP	PARTMENT USE ONLY
artment Comment Section:	AKTIMENT USE ONLY
(Employee)	(Data)
	(Date)
APPROVED DISAPPROVED BY:	
51.	
	(Title) (Date)

(Date)